

**NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME  
22- SHAM NATH MARG, DELHI**

**TORs for Evaluation of GFATM Round IV Project**

**Introduction**

The Intensified Malaria Control Project (IMCP) is being implemented in 10 high malaria endemic States, covering a population of 100 million in 106 districts. These States are 7 North-Eastern States namely, Arunachal Pradesh, Assam, Meghalaya, Mizoram, Nagaland, Manipur, Tripura & three other states namely Jharkhand, Orissa and West Bengal within the existing framework of National Vector Borne Disease Control Programme. The population of the area covered by this Program represents about 10% of the total population of the country, but 25% of the total malaria cases in the country and 47% of all deaths due to malaria in the country.

The project emphasizes on inaccessible and remote areas by providing for rapid diagnostic kits and prompt treatment with appropriate anti malaria drugs including ACT for are Pf cases with the help of NGOs/ community based organizations. The project envisages special interventions for people living below the poverty line by making provision of free insecticide treated bed nets including LLINs and appropriate IEC strategy. In addition community owned bed nets are treated with insecticides by adopting village level camp approach.

**Project Goal and Objectives**

**Goal:**

The goal of the project is to reduce malaria morbidity and mortality in 100 million populations in 10 states by 30% in 5 years project period 2005-10. The project would help in achieving the goals under the National Health Policy-2002 for the control of malaria and reduction of mortality by 50% by the year 2010 (2002 as baseline).

**Target Group / Beneficiaries:**

The direct beneficiaries will be the 100 million populations living in the Ten States of which seven are in the North-Eastern region and the other three are: Orissa, Jharkhand, and West Bengal.

The Program will benefit the people living in the remote / difficult to access / highly malarious areas. The population below the poverty line would receive special attention through provision of impregnated bed nets and other interventions contemplated by this Program.

**Strategies:**

- Increasing the access to diagnosis and treatment in high endemic areas, with particular focus on remote and inaccessible areas, through
  1. community participation,
  2. upgrading of peripheral health facilities and small hospitals,
  3. improving the diagnosis and treatment of severe malaria and
  4. introducing the use of artemisinin based combination drugs in the drug resistant areas.
- Transmission risk reduction through integrated vector control, including the promotion of ITN use and the use of larvivorous fish by
  - Increasing awareness of malaria control measures through intensive IEC

- Building public-private partnership among, CBO, NGO, and other voluntary sectors
- Capacity building of the health staff by training Medical Officers, health workers and community volunteers.
- Community volunteers will also be involved in diagnosis and treatment using rapid diagnostic tests (RDT) and appropriate antimalarial; and treatment of bed nets with insecticide in selected areas.

#### **Planned Activities:**

- Improving the quality of diagnosis through training the existing laboratory technicians in the public, private and NGO sectors, and use of RDTs in areas that are difficult to reach.
- Improving access to anti-malarial treatments through the establishment of community based drug distribution mechanism in each village through ASHA under the NRHM (National Rural Health Mission) program.
- Training of personnel of peripheral health facilities in the public, private and voluntary sectors in the treatment of severe malaria and the supply of anti-malarial drugs (including arteether injections for the treatment of severe malaria cases).
- Providing combination therapy (artesunate and sulpha-pyremethamine combination therapy) for treatment of *Pf* malaria cases.
- Promoting use of mosquito nets through awareness generation.
- Supplying mosquito nets to the most vulnerable sections and providing insecticide to treat the community-owned bed nets.
- Treating community-owned mosquito nets by organizing mosquito net treatment camps in collaboration with the private sector, civil society and local NGOs.
- Strengthening Malaria surveillance, monitoring and evaluation

The project is in year 5 of its implementation. It was planned that external evaluation will be done during the second phase of the project. Accordingly, the expression of interest is invited from the external agencies to conduct the independent survey in the project area. This agency will undertake the Household and Health facility survey in the districts under the GFATM project to estimate disease burden, coverage & utilization and determine factors hampering implementation of malaria control programme at community level.

The agency will submit the detailed plan along with the detailed budget to the NVBDCP before entering into the final agreement. The details of the districts covered are attached. Further necessary information will be provided from the NVBDCP for planning the survey as per the request from the agency. The selected agency will be responsible to conduct the survey in October 2009 and submit the survey report by December 2009.

The ToR for the evaluation is as follows:

### **1. Objectives**

#### **1.1 Overall objective**

The overall objective is to find out the disease burden, coverage & utilization of interventions related to malaria treatment & prevention and identify, bottlenecks hampering effective implementation of programme by conducting community level and health facility survey.

#### **1.2 Specific objectives of Evaluation**

**The specific objectives are to:**

##### **i) Validate Epidemiological situation in the Project Areas by estimating:**

- Two-week prevalence rate of fever with chills and treatment taken by household survey
- Prevalence of fever on the day of survey by household survey
- Confirmed Malaria cases (both Pf and Pv) by household survey
- For validation the fortnightly data is to be compared and the difference and discrepancies is to be recorded
- Validation of deaths due to malaria.

## ii) Estimate Service Delivery and Utilization at Community Level

### A. Diagnosis & Treatment

- Promptness of treatment for fever/malaria.
- Assessment of Laboratory services
- Treatment of Pf cases with ACT /CQ and assessment of treatment completion & compliance
- Treatment practices for severe / complicated malaria cases at health facility in the Government sector
- Sources of treatment for fever (health seeking behaviour) and treatment practices in private sector.
- Knowledge of ASHAs/ CHVs on malaria diagnosis & treatment (use of RDT and appropriate dose schedule)

### B. Integrated Vector Control

- Household ownership of ITNs (one, two, >2, quality of net)
- Use of bed nets among the households previous night, particularly by pregnant women and children under five
- Quality and coverage of Indoor Residual Spray (IRS)

## iii) Assessment of Factors Affecting Programme Implementation

- Training status of MO-PHCs, MTS and Lab technicians
- Logistics and Supply chain of anti-malarial and Bednets at all levels
- Reasons of death in reported deaths due to malaria and follow up measures
- Assessment of utilization of services by backward class

## 2. Develop Survey Methodology & Tools for health facility and household surveys

The institute / agency would undertake Household and Health Facility survey for the purpose of this Evaluation. In order to conduct the survey, it would be required to undertake the following:

- Determine a statistically valid sample size for estimating indicators in different domains
- Design a survey methodology which enables selection of a representative sample
- Develop survey proforma which capture all indicators related to objectives outlined above

## 3. Conduct preparatory Activities & Survey

The Institute will have the overall responsibility of carrying out the said surveys and should be able to undertake all activities pertaining to:

- Coordinating all preparatory & survey related activities
- Selection of survey teams (Include LT)
- Trainings of survey teams
- Liaison with states and districts

- Manage actual logistics of survey (RDTs, antimalarials, antipyretics)
- Quality Assurance of Surveys

Data analysis should aim at the achievement of stated goals, objectives & the activities at the sites sampled so as to authenticate/verify the outcome of the project.

#### **4. Results and Report**

It will be responsibility of institute / agency to do a detailed analysis of the data collected and prepare a comprehensive report on the **Evaluation of the GFATM Round IV Project, NVBDCP** based on the findings of the survey. The Report should also suggest recommendations on different programme aspects to improve the Project further.

**5. Timelines:** Following the agreement signing, the timeline to be followed is as follows;

- i Designing protocol : Two Weeks
- ii Training of survey team : One week
- iii Data collection : Two weeks,
- iv Data analysis : Four weeks,
- v Report preparation and submission: Four weeks.

The final report should be submitted within three months of the agreement.